

DEC 26 2006

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& PRESSER, P.C.**

Fax

To: Examiner John P. Leubecker Art Unit: 3739	From: Thomas Spinelli, Esq. Registration No.: 39,533
Fax: 571-273-8300	Pages: 16
Phone: 571-272-6087	Date: December 26, 2006
Re: USSN: 10/799,796 Our Docket: 17534	CC:

RESPONSE

TRANSMITTED HEREWITH:

1. Amendment Transmittal Letter (in duplicate);
2. Response under 37 C.F.R. §1.111; and
3. Certificate of Facsimile Transmission, dated December 26, 2006 (in duplicate).

FOR:

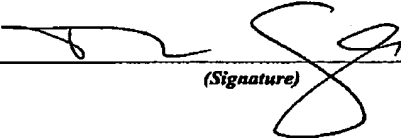
Applicants:
Serial No.: 10/799,796
For: CAPSULE ENDOSCOPE
Filed: March 12, 2004
Docket: 17534
Dated: December 26, 2006

TS:cm:jy

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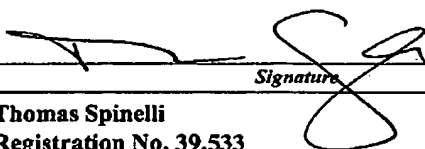
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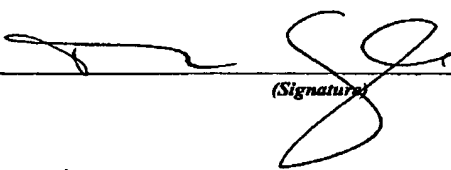
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Hiroshi Suzushima			Docket No. 17534
Application No. 10/799,796	Filing Date March 12, 2004	Examiner John P. Leubecker	Group Art Unit 3739
Invention: CAPSULE ENDOSCOPE			
<p>I hereby certify that this <u> RESPONSE UNDER 37 C.F.R. §1.111 </u> <i>(Identify type of correspondence)</i> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u> on <u>December 26, 2006</u> <i>(Date)</i></p> <p style="text-align: right;"><u>Thomas Spinelli</u> <i>(Typed or Printed Name of Person Signing Certificate)</i></p> <p style="text-align: right;"><u></u> <i>(Signature)</i></p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

DEC 26 2006

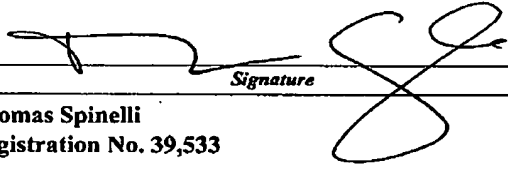
AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17534							
Applicant(s): Hiroshi Suzushima												
Application No. 10/799,796	Filing Date March 12, 2004	Examiner John P. Leubecker	Customer No. 23389	Group Art Unit 3739	Confirmation No. 1862							
Invention: CAPSULE ENDOSCOPE												
COMMISSIONER FOR PATENTS:												
Transmitted herewith is an amendment in the above-identified application.												
The fee has been calculated and is transmitted as shown below.												
CLAIMS AS AMENDED												
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE							
TOTAL CLAIMS	8 -	20 =	0	x \$50.00	\$0.00							
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00							
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00							
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
 Signature Thomas Spinelli Registration No. 39,533 Scully, Scott, Murphy & Presser, P.C. 400 Garden City Plaza - Suite 300 Garden City, New York 11530 (516) 742-434			Dated: December 26, 2006									
CC:			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) </td> </tr> <tr> <td colspan="2"> _____ Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2"> _____ Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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P11LARGEREV10

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 17534
Applicant(s): Hiroshi Suzushima			
Application No. 10/799,796	Filing Date March 12, 2004	Examiner John P. Leubecker	Group Art Unit 3739
Invention: CAPSULE ENDOSCOPE			
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on <u> December 26, 2006 </u> <div style="text-align: center;"><small>(Date)</small></div>			
<div style="text-align: right;"><u> Thomas Spinelli </u> <div style="text-align: center;"><small>(Typed or Printed Name of Person Signing Certificate)</small></div></div>			
<div style="text-align: right;"> <div style="text-align: center;"><small>(Signature)</small></div></div>			
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P18/REV02

DEC 26 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17534	
Applicant(s): Hiroshi Suzushima						
Application No. 10/799,796	Filing Date March 12, 2004	Examiner John P. Leubecker	Customer No. 23389	Group Art Unit 3739	Confirmation No. 1862	
Invention: CAPSULE ENDOSCOPE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	8 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Thomas Spinelli Registration No. 39,533 Scully, Scott, Murphy & Presser, P.C. 400 Garden City Plaza - Suite 300 Garden City, New York 11530 (516) 742-434			Dated: December 26, 2006 <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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Applicant:	Hiroshi Suzushima	Examiner:	John P. Leubecker
Serial No:	10/799,796	Art Unit:	3739
Filed:	March 12, 2004	Docket:	17534
For:	CAPSULE ENDOSCOPE	Dated:	December 26, 2006
Conf. No.:	1862		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

RESPONSE

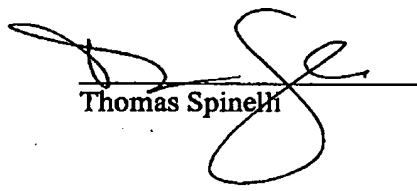
Sir:

In response to the Official Action dated September 26, 2006, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date set forth below.

Dated: December 26, 2006


Thomas Spinelli

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